	6/15/00	FROM: R. Stel AEN	DILDINE, TE (print name)
ORWARD TO: Art Unit: Class: Subclass: URTHER EXP		REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	(check box) (check box)
ATE:		FROM:	(print name)
ORWARD TO Art Unit: Class: Subclass: 	): PLANATION IF N	REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	(check box) (check box)
		FROM:	(print name)
DATE: FORWARD T	O CLASSIFIER	REASON(S):  A. You had Parent  B. See Title  C. See Abstract  D. See Claim(s):	(check box) (check box)
FURTHER E	XPLANATION IF	VEEDED:	·
	ON BY 2700 C	LASSIFICATION	
	ION BY 2700 C	LASSIFICATION  CLASSIFIER:	
DISPOSIT			(check box) (check box) (check box)

FURTHER EXPLANATION IF NEEDED: